Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov

**MEDICAID BULLETIN**

**Last Updated: 07/28/2022**

# Electronic Visit Verification (EVV) Provider and Vendor Testing

## ELECTRONIC VISIT VERIFICATION (EVV)

EVV is a system that electronically records when and where an aide provides certain services.  The 21$^{st}$ Century Cures Act requires the use of EVV for Medicaid personal care services.  The Virginia Appropriations Act added respite care and companion services to the EVV reporting requirement and requires compliance by October 1, 2019.  NOTE:  EVV will not be required for services in Department of Behavioral Health and Developmental Services (DBHDS) licensed facilities, such as a group home, sponsored residential home, supervised living, supported living or similar licensed facility, the REACH Program, or in a school setting.  These agency providers must use a modifier of UB in association with the agency directed service procedure code when submitting their claim.

EVV information is required for personal care, respite and companion services provided on or after October 1, 2019.  Both agency and consumer directed services are impacted by this change.  Additional information about EVV in consumer directed services can be found at www.dmas.virginia.gov/#longtermprograms. Agency Directed service providers using HCPCS codes T1019, S9125, T1005, and S5135 must report EVV information that includes:

a. The type of the service performed;
b. The individual who received the service;
c. The date of the service, including month, day and year;
d. The time the service begins and ends;
e. The location of the service delivery at the beginning and the end of the service.  EVV systems shall not restrict locations where individuals may receive services; and
f. The attendant or aide who provided the services.

The first three items are collected on the current claim for fee-for-service reimbursement and the encounter for Managed Care Organization (MCO) claims.  Electronic reporting requirements for the last three items can be found in the companion guides referenced below.

Updates to the *Commonwealth Coordinated Care Plus Waiver* (Chapter V) and the *EPSDT* (Personal Care Services) provider manuals have been finalized to reflect the EVV billing requirements. Updates to the *DD Waiver* (Chapter V) provider manual are forthcoming and will be posted on the Virginia Town Hall.  You can sign up for notification on the changes at:

http://townhall.virginia.gov/L/publiclogin.cfm.

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Providers will need to have an EVV system that meets the basic system capabilities as defined in the EVV draft regulations and ensure the vendor or clearinghouse they choose can submit complete Electronic Data Interchange (EDI) 837P transactions according to the companion guides.  Links are posted at: http://www.dmas.virginia.gov/#/longtermprograms.

DMAS is providing an opportunity to test fee-for-service (FFS) claim submission and processing beginning the week of July 20, 2019.  When a claim is submitted, a remittance will be generated stating whether there were any errors.  MCO health plans will provide separate information about their ability to provide testing.

For services beginning October 1, 2019 that require the additional EVV information, the claim must be received electronically by DMAS or the MCOs.  Claims submitted on paper or the through the DMAS portal will be denied.  If you have been submitting claims through the DMAS portal and need to register for EDI, e-mail the Conduent Service Center at Virginia.EDISupport@Conduent.com and ask for an enrollment packet or contact your medical billing provider.

There will be no change in the unit of service this time.

On the DMAS homepage www.dmas.virginia.gov, there is an EVV link under 'New Initiatives.' This link will take you directly to the EVV webpage.  The webpage contains useful information such as an updated set of Frequently Asked Questions (FAQs), draft EVV regulations, and a link to the Companion Guides for 837 Professional Health Care Claim & Encounter Transactions.  The guides provide specific information for Virginia Medicaid supporting the EDI claims for personal care, respite care, and companion service providers to DMAS and the MCOs.

Additional information on EVV is available at the following link:

http://www.dmas.virginia.gov/#/longtermprograms.  Please email EVV@dmas.virginia.gov with questions.

**Medicaid Expansion Eligibility Verification**

Medicaid coverage for the new expansion adult group began January 1, 2019.  Providers may use the Virginia Medicaid Web Portal and the Medicall audio response systems to verify Medicaid eligibility and managed care enrollment, including for the new adult group.  In the Virginia Medicaid Web Portal, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP."  If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the "MED4" (Medallion 4.0) or "CCCP" (CCC Plus) managed care enrollment segment. Additional Medicaid expansion resources for providers are available on the DMAS Medicaid Expansion webpage at:  http://www.dmas.virginia.gov/#/medex.

**PROVIDER CONTACT INFORMATION & RESOURCES**

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| **Virginia Medicaid Web Portal Automated Response System (ARS)** Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. | www.virginiamedicaid.dmas.virginia.gov |
| **Medicall (Audio Response System)** Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. | 1-800-884-9730 or 1-800-772-9996 |
| **KEPRO** Service authorization information for fee-forservice members. | https://providerportal.kepro.com |
| **Managed Care Programs** Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and the Program of All-Inclusive Care for the Elderly (PACE).  In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider.  The managed care plan may utilize different guidelines than those described for Medicaid feefor-service individuals. | |
| **Medallion 4.0 Managed Care Program** | http://www.dmas.virginia.gov/#/med4 |
| **CCC Plus Managed Care Program** | http://www.dmas.virginia.gov/#/cccplus |
| **PACE Program** | http://www.dmas.virginia.gov/#/longtermprograms |
| **Magellan Behavioral Health** Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members. | www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or call: 1-800-424-4046 |
| **Provider HELPLINE** Monday–Friday 8:00 a.m.-5:00 p.m.  For provider use only, have Medicaid Provider ID Number available. | 1-804-786-6273 1-800-552-8627 |